



2012-2013



Commonwealth of Massachusetts
Group Insurance Commission

*Your
Benefits
Connection*

GIC HEALTH PLANS
BENEFITS AT-A-GLANCE
NON-MEDICARE
**GIC RETIRED MUNICIPAL
TEACHERS (RMTs)
AND ELDERLY GOVERNMENTAL
RETIREES (EGRs)**

Benefits Effective July 1, 2012

PHYSICIAN TIERING AND PLAN DESIGN

The GIC Continues to Tackle Rising Costs and Disparities in Health Care Quality

Clinical Performance Improvement Initiative


The GIC's important Clinical Performance Improvement (CPI) Initiative for Employee and Non-Medicare Retiree/Survivor Plans is beginning its eighth year of operation. With this program, members pay lower copays for providers with higher quality and/or cost-efficiency scores:

- ★★★ Tier 1 (*excellent*)
- ★★ Tier 2 (*good*)
- ★ Tier 3 (*standard*)

Physicians for whom there is not enough data and non-tiered specialists are assigned a plan's Tier 2 copay.

How are physician tiers determined?

Based on an analysis of tens of millions of physician claims and sophisticated software programs, GIC health plans assign physicians to tiers according to how they score on nationally recognized measures of quality and/or cost efficiency.



During annual enrollment, be sure to check your doctor's and hospital's tier, as it can change each July 1 with new data.

Fallon Community Health Plan Direct Care HMO

- Primary Care Physician (PCP) required – yes
- Referrals to network specialists required – yes
- Out-of-network benefits – no, except for emergency care

Fallon Community Health Plan Select Care HMO

- Primary Care Physician (PCP) required – yes
- Referrals to network specialists required – yes
- Out-of-network benefits – no, except for emergency care

Health New England HMO

- Primary Care Physician (PCP) required – yes
- Referrals to network specialists required – no
- Out-of-network benefits – no, except for emergency care

NHP Care – Neighborhood Health Plan HMO

- Primary Care Physician (PCP) required – yes
- Referrals to network specialists required – yes
- Out-of-network benefits – no, except for emergency care

UniCare State Indemnity Plan/Basic (Indemnity Plan)

- Primary Care Physician (PCP) required – no
- Referrals to network specialists required – no
- Out-of-network benefits – not applicable; the Indemnity Plan is available throughout the U.S. and outside of the country.

Calendar Year Deductible

The deductible is a fixed dollar amount you must pay before your health plan begins paying benefits for you or your covered dependent(s).

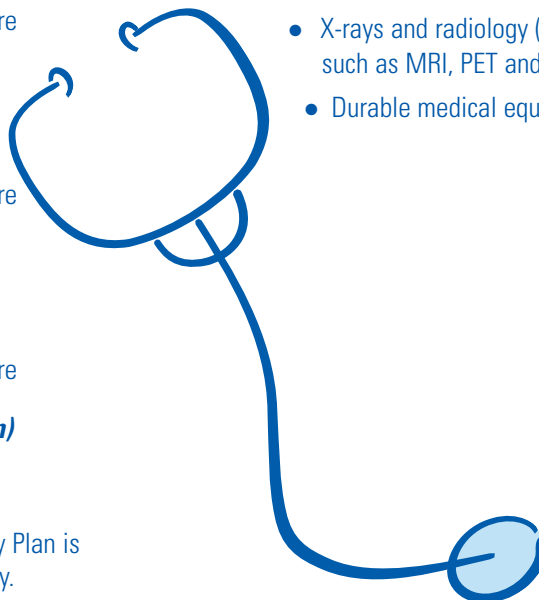
The lists below summarize expenses that generally are or are not subject to the annual deductible. These are not exhaustive lists. You should check with your health plan for details. Also, as with all benefits, ***variations in these guidelines below may occur depending upon individual patient circumstances and a plan's schedule of benefits.***

Examples of in-network expenses ***generally exempt*** from the deductible:

- Prescription drug benefits
- Outpatient mental health/substance abuse benefits
- Office visits (primary care physician, specialist, retail clinics, preventive care, maternity and well baby care, routine eye exam, occupational therapy, physical therapy, chiropractic care and speech therapy)
- Medically necessary child and adult immunizations
- Wigs (medically necessary)
- Hearing Aids
- Mammograms
- Pap smears
- EKGs
- Colonoscopies

Examples of in-network expenses ***generally subject to*** the deductible:

- Emergency room visits
- Inpatient hospitalization
- Surgery
 - Laboratory and blood tests
 - X-rays and radiology (including high-tech imaging such as MRI, PET and CT scans)
 - Durable medical equipment



HEALTH PLAN LOCATIONS

Choose the Best Health Plan for You and Your Family

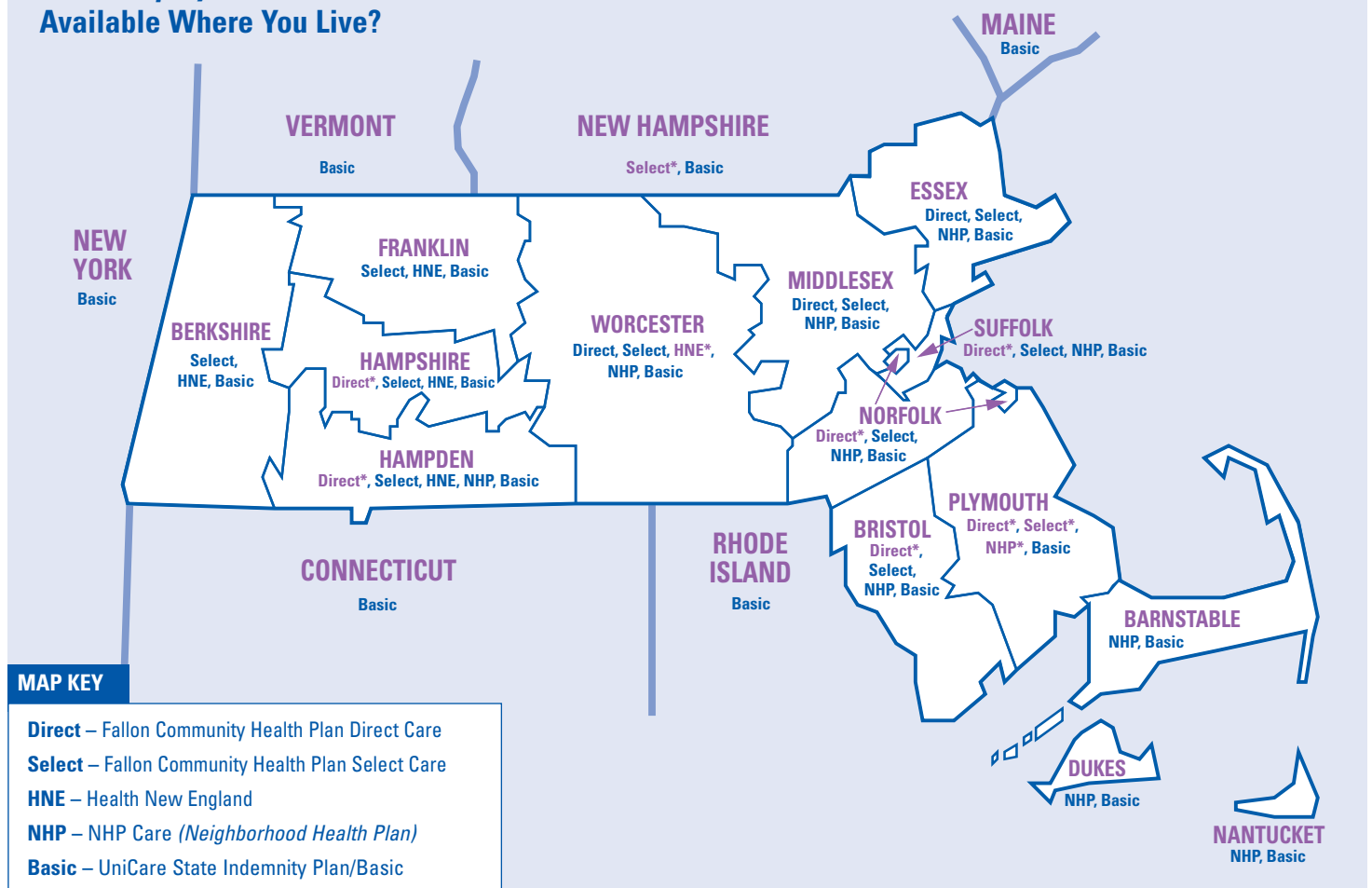
- Where you live determines which plan(s) you may enroll in. See the map below to see which health plans are available in your area.
- See your *GIC Benefit Decision Guide* for eligibility details, additional benefit information, rates, and factors to consider when choosing a health plan.
- Contact the health plans you are considering to find out:
 - Information on other health plan benefits that are not described in this brochure;

- Whether your doctors and hospitals are in the network (Note: be sure to specify the health plan's full name, such as "Harvard Pilgrim *Primary Choice Plan*" or "Harvard Pilgrim *Independence Plan*," not just "Harvard Pilgrim"); and
- Which copay tiers your doctors and hospitals are in; these affect what you pay when you get doctor or hospital services.
- See the GIC's website (www.mass.gov/gic) for additional information.



Keep in mind that if your doctor or hospital leaves your health plan's network during the year, you **must** stay in the plan until the next annual enrollment. In the meantime, the health plan will help you find another provider.

Where You Live Determines Which Plan You May Enroll In. Is the *Employee, Non-Medicare Retiree/Survivor Health Plan* Available Where You Live?



The UniCare State Indemnity Plan/Basic is the only *Employee/Non-Medicare* health plan that is available throughout the United States and outside of the country.



* Not every city and town is covered in this county or state; contact the plan to find out if you live in the service area. The plan also has a limited network of providers in this county or state; contact the plan to find out which doctors and hospitals participate in the plan.

BENEFITS AT-A-GLANCE: *Non-Medicare GIC RMT (Retired Municipal Teachers not in the Medicare Plan)*

This chart is a comparative overview of GIC plan benefits. See the corresponding overview information for each plan for more information. With the exception of dental and vision, all services are provided by Fallon Community Health Plan. For providers, benefit details, exclusions, and limitations, see the plan handbook or contact the individual plan.

HEALTH PLAN	FALLON COMMUNITY HEALTH PLAN DIRECT CARE	FALLON COMMUNITY HEALTH PLAN SELECT CARE
PLAN TYPE	HMO	HMO
TELEPHONE NUMBER	1.866.344.4442	1.866.344.4442
WEBSITE	www.fchp.org/gic	www.fchp.org/gic
Calendar Year Deductible		
Individual	\$250	\$250
Two person family	\$500	\$500
Three or more person family	\$750	\$750
Primary Care Physician Office Visit		
★★★ Tier 1 (<i>excellent</i>)	\$15 per visit	\$20 per visit
★★ Tier 2 (<i>good</i>)	no tiering	no tiering
★ Tier 3 (<i>standard</i>)	no tiering	no tiering
Preventive Services	Covered at 100% – no copay	Covered at 100% – no copay
Specialist Physician Office Visit		
★★★ Tier 1 (<i>excellent</i>)	\$25 per visit	\$25 per visit
★★ Tier 2 (<i>good</i>)	no tiering	\$35 per visit
★ Tier 3 (<i>standard</i>)	no tiering	\$45 per visit
Retail Clinic	\$15 per visit	\$20 per visit
Outpatient Mental Health and Substance Abuse Care	\$15 per visit	\$20 per visit
Emergency Room Care	\$100 per visit (<i>waived if admitted</i>)	\$100 per visit (<i>waived if admitted</i>)
Inpatient Hospital Care: Medical		<i>Maximum one copay per person per calendar year</i>
Tier 1	\$200 per admission	\$250 per admission
Tier 2	no tiering	no tiering
Tier 3		
Outpatient Surgery	\$110 per occurrence	<i>Maximum four copays per calendar quarter or per year</i> \$125 per occurrence
High-Tech Imaging (<i>e.g., MRI, CT and PET scans</i>)	<i>Maximum one copay per day. Contact the plan for details.</i> \$100 per scan	\$100 per scan
Prescription Drug Retail: <i>up to a 30-day supply</i>		
Tier 1	\$10	\$10
Tier 2	\$25	\$25
Tier 3	\$50	\$50
Mail-order: <i>Maintenance drugs up to a 90-day supply</i>		
Tier 1	\$20	\$20
Tier 2	\$50	\$50
Tier 3	\$110	\$110

Municipal Health-Only Programs) and EGR (Elderly Governmental Retiree) Copays

Exception of emergency care, there are no out-of-network benefits for the GIC's HMOs.

HEALTH NEW ENGLAND	NHP CARE (Neighborhood Health Plan)	UNICARE STATE INDEMNITY PLAN/ BASIC With CIC (Comprehensive) Without CIC, deductibles are higher and coverage is only 80% for some services. Contact the plan for details.
HMO	HMO	INDEMNITY
1.800.842.4464	1.800.462.5449	1.800.442.9300
www.hne.com/gic	www.nhp.org	www.unicarestatement.com
\$250 \$500 \$750	\$250 \$500 \$750	\$250 \$500 \$750
\$20 per visit no tiering no tiering	\$15 per visit \$25 per visit \$30 per visit	\$15 per visit \$30 per visit \$35 per visit
Covered at 100% – no copay	Covered at 100% – no copay	Covered at 100% – no copay
\$25 per visit \$35 per visit \$45 per visit	\$25 per visit \$35 per visit \$45 per visit	\$20 per visit \$30 per visit \$40 per visit
\$20 per visit	\$20 per visit	\$20 per visit
\$20 per visit	\$25 per visit	\$20 per visit
\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)
per year quarter; copays waived if readmitted within 30 days in the same calendar year.		
\$250 per admission no tiering	\$250 per admission no tiering	\$200 per admission no tiering
per year, depending on plan. Contact the plan for details or see the GIC Benefit Decision Guide.		
\$110 per occurrence	\$110 per occurrence	\$110 per occurrence
Maximum one copay per day. Contact the plan for details.		
\$100 per scan	\$100 per scan	\$100 per scan
\$10 \$25 \$50	\$10 \$25 \$50	\$10 \$25 \$50
\$20 \$50 \$110	\$20 \$50 \$110	\$20 \$50 \$110



Mark the Date!

- **GIC Retired Municipal Teachers (RMTs) retiring in June 2012** have until June 15, 2012 to select their coverage, which becomes effective September 1, 2012. Return enrollment forms and required documentation to your benefits office.
- **Current RMTs and EGRs wishing to change plans:** Completed forms are due to the GIC no later than Monday, May 7, for changes effective July 1, 2012.

Additional Contact Information

All UniCare State Indemnity Plans

- **Prescription Drug Benefits** (*CVS Caremark*):
1.877.876.7214
www.caremark.com/gic
- **Mental Health/Substance Abuse and EAP Benefits** (*United Behavioral Health*):
1.888.610.9039
www.liveandworkwell.com (access code: 10910)



Commonwealth of Massachusetts
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Your
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P.O. Box 8747, Boston, MA 02114-8747

617.727.2310 • TDD/TTY: 617.227.8583

www.mass.gov/gic